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Bib Data Sheet

CONFIRMATION NO. 7295

SERIAL NUMBER 10/829,544	FILING DATE 04/22/2004 RULE	CLASS 600	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 2010.3-US-01
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/464,762 04/23/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 08/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	MN	19	52	6

ADDRESS

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TITLE

Apparatus and method for monitoring heart rate variability

FILING FEE RECEIVED 802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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